

# Mark-to-Market Claim Payment Summary

Form 7.5

Date:

Scheduled Closing Date:

**All of the following information must be consistent throughout this package and with the Restructuring Commitment. On closing day, the Closing Escrow Agent must fax to the OMHAR HQ Closing Team a copy of the executed mortgage restructuring note and mortgage, the executed contingent repayment note and mortgage, the final sources and uses (Exhibit F), a copy of the property tax bill (or prop tax page from title policy) and final settlement statement. (If 236 Re-Use, attach 236(s) Grant Agreement.)**

## **I. Property Information:**

Existing FHA Number:

Older or New Assisted: O N (circle one)

Existing Section of the Act:

Property Name:

Property Address:

HUB Office (address)

Owner's Name:

Tax I.D. #

Address:

Phone:

Fax:

Project's Management Co.:

Billing Address:

Contact Person:

Phone:

Fax:

Existing Mortgagee Name:

Mortgagee I.D. #:

Tax I.D.#

Contact Person:

Phone:

Fax:

Existing Mortgagee's Servicer Name:

Servicer I.D. #

Contact Person:

Phone:

Fax:

New Mortgagee Name:

Mortgagee I.D.#

Contact Person:

Phone:

Fax:

Title Company:

Contact Person:

Phone:

Fax:

Closing Escrow Agent:

Contact Person:

Phone:

Fax:

Post Closing Rehabilitation Escrow Contractor (Cash Manager) (if applicable):

Contact Person:

Phone:

Post Closing Rehabilitation Escrow Contractor (Administrator) (if applicable):

Contact Person:

Phone:

**II. Certified Mortgage Balance \$ \_\_\_\_\_ as of : \_\_\_\_\_**

(Amount must match Mortgagee's Certificate of Mortgage Balance)

Projected Mortgage Balance after last payment prior to closing: \$ \_\_\_\_\_

**III. Partial Payment of Claim:**

Total 541(b) Payment of Claim:  
(cannot exceed current UPB)

\$ \_\_\_\_\_  
Information must match Exhibit F Sources and Uses

<b>Party to Receive Claim Payment (Check One and provide Name)</b> Party must match information in this PPC Package	<b>Amount to be disbursed:</b> (Must match Claim Payment)
<input type="checkbox"/> Closing Escrow Agent	\$ _____
<input type="checkbox"/> Existing Mortgagee	\$ _____
<input type="checkbox"/> Existing Mortgagee's Servicer	\$ _____

**IV. HUD Held Loans (post-restructuring):**

HUD Ranking (1 <sup>st</sup> , 2 <sup>nd</sup> , 3 <sup>rd</sup> ) show below	Type	Amount
	Mortgage Restructuring Note	\$
	Contingent Repayment Note	\$
	Total Amount	\$
(If total does not equal claim amount, provide brief explanation below)		
<b>Comments:</b>		

**V. Restructured Loan Information (must check one):**

<input type="checkbox"/> Modified Existing Note: \$ _____	<input type="checkbox"/> Refinanced with New FHA Loan \$ _____ New FHA# _____ Section of Act _____
<input type="checkbox"/> Paid-in-Full (No takeout financing)	<input type="checkbox"/> Refinanced with Non-FHA Loan \$ _____
Take-out financing plus Mortgage Restructuring Note = \$ _____ (Total cannot exceed current UPB)	

**VI. Verification of Mortgagee of Record & Unpaid Principal Balance (F 47):**

Unpaid Principal Balance:  as of: (compare to owner's bill of same date)	Mortgagee of Record:	Servicer of Record
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I have reviewed all of the above F47 information and have cured any discrepancies by having balances reconciled and obtaining and submitting a HUD 92080 to change Mortgagee or Servicer of record.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Relationship Manager

**VII. Authority to Release Claim to Other than Existing Mortgagee (if applicable):**

I have received the appropriate authority documentation and I hereby authorize the payment of claim to other than the Mortgagee of Record pursuant to the attached existing mortgagee's authorization and this Mark-to-Market Claim Payment Summary.

Regional Director's Signature: \_\_\_\_\_

OMHAR Regional Office Location: \_\_\_\_\_

**VIII. OMHAR Contact Information:**

Relationship Manager: \_\_\_\_\_ Phone: \_\_\_\_\_

Closing Coordinator: \_\_\_\_\_ Phone: \_\_\_\_\_

<b>OMHAR Regional Directors:</b>		
Chicago	Harry West, Acting	(312) 886-4133
Washington, D.C.	John Prusch	(202) 260-2746
New York	Norman Dailey, Acting	(212) 822-8900
San Francisco	Mary Anne Cottmeyer	(415) 436-8550
Transaction Center	Donna Rosen	(202) 260-2746

(When applicable, insert Acting Regional Director's name)

**IX. Management Certification:**

A Management Certification IS IS NOT (circle one) required in this transaction. Attach copy, if applicable.

**X. Certification:**

I hereby certify that the above information is consistent with the Restructuring Commitment and the mortgagee's information and the amounts listed should be remitted in accordance with the payment data.

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Title:           OMHAR Regional Director